



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
201 West Flagler Street
Miami, FL 33130-1510
Ph: 305.375.1577
Fax: 305.372.6367

www.miamidade.gov/gsa/elevatormain.asp

SECTION 1 - ELEVATOR INFORMATION

As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation

Serial Number

Note: The serial number must be present or the application will be returned

Capacity

SECTION 2 – BUILDING INFORMATION

Note: If the information below has changed since the
Permit to Install, Alter or Relocate was issued, please provide the updated information.

Primary Name (enter name of the building owner)

Main Address (enter building address)

City

County

State

Zip Code

D/B/A Name (enter Business Name or Doing Business As Name of the building)

MAILING INFORMATION

Name

Mailing Address

City

State

Zip Code

CONTACT INFORMATION

Contact Name

Primary Business Phone Number

Primary E-Mail Address

Alternate Phone Number or Fax Number

SECTION 3 – ELEVATOR COMPANY INFORMATION

Organization Name

Address

City

State

Zip Code

SECTION 4 – APPLICANT SIGNATURE

Authorized Signature of Applicant

Date Signed

Social Security Number*

Date Submitted

- Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.
- **THE CERTIFICATE ISSUED BY THIS APPLICATION IS VALID FOR THIRTY (30) DAYS ONLY AFTER APPROVAL. After which it must be renewed. The FEE is \$100.00 each.**